

death and disability, thereby ensuring a long, productive, healthy life for all people. For those reasons, I felt that the CDC's mission was far more suited to the regulation of tobacco. Unfortunately, that amendment was not approved by HELP Committee members and, as a result, the Senate is now considering a bill that would designate the FDA as the regulator of tobacco products.

In conclusion, I am probably one of the FDA's strongest supporters in Congress. Back in the 1990s, I introduced legislation that created the White Oak campus; the unified FDA campus which I envisioned would bring prestige back to the agency. This campus is on track to be completed in 2012. I wanted FDA to be able to attract the brightest minds so we could get the best researchers in the country working together in order to ensure the safety of our drugs, medical devices and food supply. Dr. Margaret Hamburg, the newly confirmed FDA Commissioner has impressed me with her strong vision for the future of the FDA. It is my hope that by adding the regulation of tobacco to the FDA's portfolio, that vision does not go off course.

I want to make one thing perfectly clear—I support the intent of this bill which is to stop our young people from picking up that first cigarette and to protect public health by regulating tobacco. That being said, it is my hope that some of the concerns that I have raised will be carefully considered and addressed before this legislation is signed into law.

Mr. REID. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. KAUFMAN. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

The Senator from Delaware.

#### PRAISE OF DR. DOUGLAS LOWY AND DR. JOHN SCHILLER

Mr. KAUFMAN. Madam President, I would like to continue what I began last month by honoring the contribution of our Federal employees.

On May 4, I came to the floor to discuss the importance of recognizing the hard work and dedicated service of our Federal employees. This is especially important because of our recovery efforts during these challenging economic times. The programs we enact, it is easy to say, will be carried out by a Federal workforce that requires people's confidence. I know from personal experience how industrious and trustworthy civil servants are. The public needs to know too.

As I said then, we also need to encourage more of our graduates to enter careers in public service. America is blessed with so many enthusiastic and

entrepreneurial citizens. We need them to lend their talents. We need their ideas, their creative minds. This is why I have made it a priority to honor excellent public servants and call attention to what Federal employees can and do accomplish.

In my previous remarks, I promised to highlight some of our excellent public servants from this desk every so often. In keeping with my promise, I rise to speak about two Federal employees whose achievements are particularly relevant to our work in this session: the current state of our health care system.

As many know, cervical cancer is the second most common cause of cancer deaths in women worldwide. It takes the lives of almost a quarter million women each year. Here in America, nearly 11,000 women are diagnosed annually.

What distinguishes cervical cancer from most other cancers is its cause. While many cancers are linked to a genetic predisposition for abnormal cell growth, nearly all cases of cervical cancer result from viral infections. The majority of these infections come from exposure to the human papillomavirus or HPV. HPV is the most common sexually transmitted disease affecting Americans.

When Dr. Douglas Lowy and Dr. John Schiller began studying HPV, little did they know that their 20-year partnership as researchers would lead to the development of a vaccine.

Working at the National Institutes of Health's National Cancer Institute Center for Cancer Research, the two discovered that previous attempts at creating a vaccine had failed because a genetic mutation existed in the virus, making it difficult for the body to produce antibodies against it.

Once Drs. Lowy and Schiller made this finding, they worked to create a modified version of the HPV without the mutation. This development is instrumental in the creation a few years ago of a vaccine that will prevent the vast majority of cervical cancer cases from developing.

Because over 80 percent of those who develop cervical cancer cases live in developing nations, Drs. Lowy and Schiller have been working with the World Health Organization to make the HPV vaccine available to women around the world.

In recognition of their achievement, the two men jointly were awarded the 2007 Service to America Federal Employee of the Year Medal.

Today, women and girls age 9 through 26 have the ability to be vaccinated against developing cervical cancer.

Once again, I call on my fellow Senators to join me in honoring Dr. Lowy and Dr. Schiller and all Federal employees who have distinguished themselves in their service of our Nation.

#### HEALTH CARE REFORM

Mr. KAUFMAN. Madam President, I would like to speak on reforming our

health care system. Simply put, health care reform has been delayed for far too long, and it cannot wait any longer. Most Americans are satisfied with the health care they receive today.

Let me repeat this. Most Americans are satisfied with the health care they receive today. But if we want to sustain and improve the quality of health care, we need to act now.

What they are concerned about is what future health care is going to be about, and they are also concerned about the cost of health care. We must get health care costs under control while preserving choice.

If we do nothing and allow the status quo to persist, it has been estimated that the share of gross domestic product devoted to health care will rise from 18 percent in 2009 to 28 percent in 2030.

If health care premiums continue to rise at 4 percent per year, which is actually less than the historical average, then by 2025, premiums for family coverage will reach \$25,200 a year—over \$2,000 a month. This trajectory is simply unsustainable.

We have attempted to reform our health care system several times in the past to no avail. But this year is different and has to be different. This time the call for reform is coming from people and organizations that previously opposed reform. This time businesses, along with unions that represent their workers, are asking for reform.

Businesses in America have to compete against companies from other countries. Many of them do not pay anything for health care for their workers or retirees. Others pay far less than what many of our larger corporations pay. This puts many of our businesses at a disadvantage in the global marketplace.

In addition, people in my home State of Delaware and Americans across the Nation are struggling to keep up with the crushing and seemingly constant increase in the cost of health care.

Over the last decade, Americans have watched as their health insurance premiums and deductibles have risen at much faster rates than their wages, threatening their financial stability. It also puts them at risk for losing their insurance as employers struggle to provide adequate health care coverage.

Americans rightfully value their relations with their doctor and the care they receive. We must—and I say must—preserve these relationships. In addition, as costs rise and insurance benefits erode, Americans are also asking to protect what works and fixes what is broken.

Our current health care system—the status quo—is rampant with bureaucracy, inefficiency, and waste. It is time for reform. It is time to reform health care for Americans so everyone has access to quality, affordable care, regardless of preexisting medical conditions. It is time to reform health care so we

place a higher priority on prevention and wellness, saving lives as well as money. It is time to reform health care so all Americans can compare the costs and benefits of different health care policies. It is time to reform health care so Americans have more choices, not less, and can choose their own doctor.

I applaud the members of the Finance Committee and the Health, Education, Labor, and Pensions Committee in the Senate, as well as our counterparts in the House, for their sincere dedication, their thoroughness, and their commitment to crafting legislation that truly will transform the health care system in this country.

It is clear this is not an easy task and is one that will require true compromise from everyone across the ideological spectrum, but it is a task that must be done. Our country and the health of its citizens, as well as the economy, cannot afford to maintain the status quo.

As the members of these committees gather to discuss and ultimately mark up legislation, I encourage them to include a viable public option in a menu of insurance options from which Americans may choose. It will be—and let me stress this—it would be a purely voluntary option.

If you like your current plan, you keep it. But a public health insurance option is critical to ensure the greatest amount of choice possible for consumers. There are too many Americans who do not have real choices when it comes to health insurance, especially those who live in rural areas.

In addition, many large urban areas are dominated by one or two insurers that serve more than 60 percent of the market. In fact, there are seven States where one insurer has over 75 percent of the market share.

A public option can help Americans expand their choice of insurance provider. A public option could take various forms, and I think the committees are the proper place to determine the appropriate contours of a public option.

I think a good starting point for discussion is the proposal put forward by my colleague from New York, Senator SCHUMER. It delivers all the benefits of increased competition without relying on unfair, built-in advantages for the federally backed option.

This public option would not be subsidized by the government or partnered with Medicare. It would not be supported by tax revenue. It would compete on a level playing field with the private insurance industry. If a level playing field exists, then private insurers will have to compete based on quality of care and pricing, instead of just competing for the healthiest consumers.

This is just one proposal for public option. There are others we can debate as we move forward.

Right now, more than 30 State governments offer their employees a

choice between traditional private insurance and a plan that is self-insured by the State. Some of them have had them for more than 15 years.

In these States, the market share of the self-funded plans within the market for State employees typically ranges from 25 to 40 percent. This shows a healthy competition between the public option and private insurers, not domination by either type of insurer. The States provide these options because they believe it adds value to competitive offerings they give their workers.

These arrangements do not seem to be a problem or incite ideological issues at the State level. Why should it be so when discussing health reform on the national level?

A public option can go a long way in introducing quality advancements and innovation that many private insurers do not now have the incentive to implement.

Medicare and the veterans health system have spearheaded important innovations in the past, including payment methods, quality of care initiatives, and information technology advancements.

A new public option could also help lead the way in bringing more innovation to the delivery system and introducing new measures to reduce costs and improve quality.

A public option can serve as a benchmark for all insurers, setting a standard for cost, quality, and access within regional or national marketplaces. It can have low administrative costs and can have a broad choice of providers.

Simply put, Americans should have a choice of a public health insurance option operating alongside private plans.

A public option will give Americans a better range of choices, make the health care market more competitive, and keep insurance companies honest.

The key to all this, however, is that a public option will be just that, as I said—an option, not a mandate.

Some people will choose it; others will not. If you like the insurance plan you have now, you keep it. If you are happy with the insurance you get with your employer, or even the individual insurance market, you stay enrolled in that insurance plan. And if you are unsatisfied with the public option, you have the option to switch back to private insurers.

Americans firmly support the ability to choose their own doctor and value their relationships with their providers. So do I.

An overriding goal of health reform is to increase patients' access to affordable, quality health care, and offering a public option can help increase Americans' choices.

I am heartened that I was joined by 26 other Senators several weeks ago in cosponsoring a resolution introduced by Senator BROWN calling for the inclusion of a federally backed health insurance option in health care reform.

Senators who have been involved in health care issues for decades—Sen-

ators KENNEDY, DODD, ROCKEFELLER, HARKIN, BINGAMAN, and INOUE, just to name a few—have all agreed that a public option should be included.

As I said before, I admire the efforts of my colleagues on the Finance and Health, Education, Labor and Pensions Committees who will be drafting our health reform legislation.

They have an important responsibility, and I recognize that they will be debating many options regarding coverage, financing, regulations, and so on.

I simply encourage them to consider seriously a public option as a choice for Americans in any new health insurance exchange.

Mr. President, I yield the floor, and I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. BEGICH). The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. SANDERS. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### HEALTH CARE REFORM

Mr. SANDERS. Mr. President, I think the American people are aware that our country is in the midst of a major health care crisis. That is not a secret to anybody. Forty-six million Americans have no health insurance and, importantly, even more are underinsured, with high deductibles and copayments. Further, some 60 million Americans, including many with health insurance, do not have access to a medical home of their own. In fact, according to the Institute of Medicine, some 18,000 Americans die each year from preventable diseases because they lack health insurance and do not get to a doctor when they should.

I can recall very vividly talking to several physicians in Vermont who told me how people walked into their office, quite sick, and when they asked why they hadn't come in earlier, they said: Well, we don't have a lot of money; we didn't have any health insurance. The result is that those patients died. That happens every single day in this great country.

When we talk about health care, we have to understand that access to dental care is even worse. On top of that, in our Nation, we pay the highest prices in the world for prescription drugs. My State of Vermont borders on Canada, and it is not uncommon for people to go from Vermont to Canada to buy the prescription drugs they need at far lower cost than in America.

In the midst of all of this—the 46 million Americans without health insurance, people being underinsured, and people paying outrageously high prices for prescription drugs—at the end of the day, our Nation pays far more for health care per person than any other country on Earth. Far more. It is not even close. Yet despite the enormous